

Byron Township Recreation Ballroom Dancing

Waltz- Brush up on the latest dance steps to the waltz for a wedding or class reunion.

Variety – There is no better way to add fun, romance and excitement to your life than dancing. From week to week you will practice a variety of dances including Waltz, Swing, and more.

Wedding Dancing- There are those of you with two left feet who want to dance the night away at your wedding reception, whether it is your first dance as bride and groom, dancing with a parent, or simply as a guest.

Day: Tuesday

Time: 7:00-8:00pm

Date: Waltz- January 12 – February 16 **Activity #:** 2002 W110
Variety – March 9 – April 27 **Activity #:** 2002 WII10
Wedding – May 4 – June 8 **Activity #:** 2002 SP10

Skip: April 6 & April 20

Cost: \$70 Resident/ \$80 Non - Resident (per couple)

Duration: 6 weeks

Location: Brown Elementary Cafeteria, 8064 Byron Center Ave

Min: 5

Max: 15



Registration Deadline: Waltz -January 8, 2010
Variety - February 28, 2010
Wedding– April 23, 2010

HOW TO REGISTER: Mail in, drop off or fax your signed and completed registration form and the full registration fee to the Parks and Recreation Department to reserve your spot. Office hours are Monday-Friday 8:00am-5:00pm. Cash, checks or credit cards accepted. Make checks payable to: Byron Township. An after hours drop box may be used to drop off your registrations. The drop box is located outside of the Township Hall East doors. **No Refunds after the registration deadline.**

Byron Township Parks and Recreation * 8085 Byron Center Avenue* Byron Center, MI 49315

Phone: 878-1998 * **Website:** www.byrontownship.org * **Fax:** 878-3980 * **Cancellation Hotline:** 878-0623

BALLROOM DANCING

Waltz- January 12 – February 16
Variety – March 9 – April 27
Wedding – May 4 – June 8

Activity #: 2002 W110
Activity #: 2002 WII10
Activity #: 2002 SP10

Participant's Name: _____ **Birthdate:** _____ **Age:** _____

Address: _____ **City:** _____ **Zip:** _____

Municipality (where you pay your taxes): _____

Phone: _____ **Alternate Phone:** _____

Email: _____

I hereby understand that by signing this form, I agree not to hold Byron Township responsible for any injuries that may occur during participation in this Byron Township Recreation Program. Furthermore, I authorize Byron Township to use photographs of participants for Byron Township promotional literature.

Signature: _____

Yes, I would like to donate to the youth Scholarship program. Amount: \$1 \$5 \$10 Other _____

Credit Card #: _____ **MasterCard / Visa Security Code:** _____ **Expiration Date:** _____

Name on card: _____ **Address:** _____ **Zip:** _____

For Office Use Only: **Date Paid:** _____ **Cash:** _____ **Check:** _____ **Receipt #:** _____ **Amount:** _____